



**Training Venue(s) - (Track & Field Stadiums, Schools, Parks, Community Centres etc.)**

Name:	Name:	Name:
Location:	Location:	Location:
Seasons:	Seasons:	Seasons:
Times:	Times:	Times:
Is your training facility shared with other athletics/sport groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please give details: _____ _____ _____		

**THE CLUB WILL PROVIDE PROGRAMS IN THE AREAS IDENTIFIED BELOW**

<input type="checkbox"/> <b>TRACK</b> <input type="checkbox"/> Sprints <input type="checkbox"/> Long Jump <input type="checkbox"/> Shot Put <input type="checkbox"/> Pentathlon <input type="checkbox"/> Hurdles <input type="checkbox"/> Triple Jump <input type="checkbox"/> Discus <input type="checkbox"/> Heptathlon <input type="checkbox"/> 800M - 5000M <input type="checkbox"/> High Jump <input type="checkbox"/> Hammer <input type="checkbox"/> Decathlon <input type="checkbox"/> 10000 - Marathon <input type="checkbox"/> Pole Vault <input type="checkbox"/> Weight <input type="checkbox"/> Steeple Chase <input type="checkbox"/> Walks <input type="checkbox"/> Javelin	<input type="checkbox"/> <b>ROAD RUNNING</b>	<input type="checkbox"/> <b>CROSS COUNTRY RUNNING</b>	
		<input type="checkbox"/> <b>PARALYMPIC PARTICIPATION</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Amputee <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Intellectually Disabled	

**EVENTS YOUR CLUB WILL HOST IN 2010**

Date	Event	RR, T&F, XC, RW

**ATHLETIC DEPARTMENT CONTACTS**

**ATHLETIC DIRECTOR**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**ASSISTANT ATHLETIC DIRECTOR**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**HEAD COACH**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**PROGRAM CONTACTS**

